

Supervisor Daily/Weekly Safety Walkthrough Checklist

Facility/Department: _____

Date: _____

Supervisor: _____

Instructions: Walk your area and check Yes/No/NA. Note issues and assign corrective actions (who/by when). Focus on proactive fixes.

#	Check Item	Yes	No	NA	Notes / Corrective Action (Who/By When)
1	Personal Protective Equipment (PPE) <ul style="list-style-type: none"> Safety glasses worn properly (over eyes, not on head/hat)? Hard hats worn in designated overhead hazard zones? Face shields used over safety glasses where required (e.g., grinding)? PPE in good condition (no scratches, damage)? Ref: 29 CFR 1910.132 (General PPE) Ref: 29 CFR 1910.133 (Eye/Face)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	Powered Industrial Trucks (Forklifts) <ul style="list-style-type: none"> High-visibility vests worn consistently in traffic areas? Pedestrians staying in designated/segregated walkways? No pedestrians crossing into active forklift aisles? Ref: 29 CFR 1910.178	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	Machine Guarding <ul style="list-style-type: none"> All guards in place on powered machines (no removals, even temporary)? Points of operation protected? Ref: 29 CFR 1910.212	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	Exit Routes and Housekeeping <ul style="list-style-type: none"> Exit aisles and doors clear (no temporary storage/blockages)? Floors clean, no slips/trips (spills, cords, debris)? Ref: 29 CFR 1910.36 (Exits) Ref: 29 CFR 1910.37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	Compressed Air and Tools <ul style="list-style-type: none"> No use of compressed air (>30 psi) for cleaning clothing/skin? Ref: 29 CFR 1910.242(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	Electrical Safety (Quick Check) <ul style="list-style-type: none"> Panels clear (36-inch working space maintained)? No damaged cords; extension cords not used as permanent wiring? Ref: 29 CFR 1910 Subpart S (Electrical)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	Ladders and Work at Height <ul style="list-style-type: none"> Ladders in good condition and used correctly (no top-step standing)? Three points of contact used; ladder angle/placement appropriate? Ref: 29 CFR 1910.23 (Ladders)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

#	Check Item	Yes	No	NA	Notes / Corrective Action (Who/By When)
8	Emergency Readiness <ul style="list-style-type: none"> • Fire extinguishers accessible; inspections current? • Eyewash/shower accessible where chemicals are present? • First aid supplies accessible and stocked? Ref: 29 CFR 1910.151	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9	Lockout/Tagout Awareness <ul style="list-style-type: none"> • Any servicing, clearing jams, or maintenance happening? • If yes, energy control (LOTO) used appropriately? Ref: 29 CFR 1910.147	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10	Chemical Storage and Hazard Communication <ul style="list-style-type: none"> • Labels present; containers closed; incompatible chemicals separated? • SDS available and employees know how to access them? Ref: 29 CFR 1910.1200	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Always follow your site-specific programs and conduct hazard assessments. Links provided for reference.